



City of Franklin

9229 W. Loomis Road
Franklin, WI 53132-9728

☐ New ☐ Renewal

City Clerk's Office

414-425-7500

July 1, 2013 to
June 30, 2014

APPLICATION Transient Merchant Permit St Martins Fair – Food & Merchandise

- | | |
|---|-----------|
| <input type="checkbox"/> Monthly fee _____ (insert month) excludes September | \$ 25.00 |
| <input type="checkbox"/> Annual fee NOT including Labor Day Event Endorsement | \$ 110.00 |
| <input type="checkbox"/> Annual fee including Labor Day Event Endorsement (30 ft.) | \$ 210.00 |
| <input type="checkbox"/> Annual fee including Labor Day Event Endorsement (max. 15 ft.) | \$ 130.00 |
| <input type="checkbox"/> Issued at Fair (NOT including Labor Day Event Endorsement) | \$ 210.00 |
| <input type="checkbox"/> Issued at Fair (including Labor Day Event Endorsement) | \$ 310.00 |
| <input type="checkbox"/> Nonintoxicating & Soda Water Beverages | \$ 5.00 |
| <input type="checkbox"/> Late fee for renewals | \$ 25.00 |
| <input type="checkbox"/> Pre-inspection fee for new applicants or monthly applicants | \$ 25.00 |

Applicant (PRINT ALL INFORMATION)

Name _____ Social Security # _____

Date of Birth ____/____/19____ Place of Birth _____

Height _____ Weight _____ # Hair Color _____ Eye Color _____

Drivers License Number _____ State _____ Expiration Date _____

Present Address _____

City/State/Zip _____ Phone _____

E-mail Address _____

If less than two years at present address, list previous address:

City/State/Zip _____ Phone _____

Permanent Address _____

City/State/Zip _____ Phone _____

Temporary business location

Location _____ Phone _____

List ALL criminal convictions

Type of offense _____

Date _____ Place _____

Type of offense _____

Date _____ Place _____

Type of offense _____

Date _____ Place _____

Person, firm or corporation represented by applicant

Name _____

Address _____

City/State/Zip _____ Phone _____

Vehicle used for conducting business

Year _____ Make _____ Model _____ License # _____

Method of merchandise delivery _____

List three previous municipalities where business was conducted

Applicant can be contacted for at least seven days at

Address _____

City/State/Zip _____ Phone _____

Type of products or services to be sold (be specific) _____

Wisconsin Seller's Permit Number _____**Attach LEGIBLE copy of identification**

APPLICANT UNDERSTANDS AND AGREES THAT THIS PERMIT IS NOT TO INSURE NOR INDEMNIFY AND SHALL NOT BE CONSTRUED AS SUCH. APPLICANT FURTHER AGREES THAT APPLICANT WILL INDEMNIFY AND HOLD HARMLESS THE CITY OF FRANKLIN FOR ANY & ALL CLAIMS ARISING FROM THE SERVICE OR GOODS PROVIDED UNDER THIS APPLICANT OR PERMIT.

APPLICANT FURTHER UNDERSTANDS AND AGREES THAT APPLICANT APPOINTS THE MUNICIPAL CLERK OF THE CITY OF FRANKLIN "TO ACCEPT SERVICE OF PROCESS IN ANY CIVIL ACTION BROUGHT AGAINST THE APPLICANT ARISING OUT OF ANY SALE OR SERVICE PERFORMED BY THE APPLICANT IN CONNECTION WITH THE DIRECT SALES ACTIVITIES OF THE APPLICANT, IN THE EVENT THAT THE APPLICANT CANNOT, AFTER REASONABLE EFFORT, BE SERVED PERSONALLY." CODE OF THE CITY OF FRANKLIN §237.4.D.

SIGNATURE MUST BE NOTARIZED.

Date _____ Signature _____

Subscribed and sworn to before me this _____ day of
_____, 201_________
Notary Public

My commission expires _____

COMBINATION FOOD AND PEDDLER PERMIT

GENERAL PERMIT REQUIREMENTS:

1. Permit will be issued to applicant, upon payment of required fees and upon signature of applicant to follow rules governing operation at St. Martins Fair.
2. Permit fees cover the period beginning July 1st, ending June 30th, or any part thereof.
3. All operations that serve and/or sell food and non-beverage items, except for unprocessed food, are required to obtain and display this permit. **Unprocessed food** includes farm products that are grown/produced by the farmer/seller on the farmer/seller's property (e.g. honey if unprocessed must be appropriately labeled and does not require a permit).
4. All property owners selling space to vendors are responsible to notify vendors of permit requirements and regulations of St. Martins Fair.
5. All food and beer stands shall provide plastic liners for the trash barrels which they use, and they shall change the liners as the barrels are filled. Liners are available at the Police trailer during the Fair.
6. No stakes shall be placed in any public asphalt or concrete walkway or street.
7. All food vendors must be located at least 50 feet away from port-a-johns and animals.
8. Selling and serving of home-baked, home-canned, or home-processed food is prohibited. Operations licensed by the State of Wisconsin must also possess and display the license(s) required for all other processed foods (e.g. taffy maker), in addition to this permit.
9. All perishables must be mechanically refrigerated.
10. Soda permit is not included in this combination permit.
11. Operations not meeting permit standards are subject to closure by the Sanitarian upon inspection during the Fair.
12. Animals must be restrained or fenced, and kept reasonably away from public reach.

FOOD OPERATION

1. **Mechanical** refrigeration must be provided.
2. Food Handlers:
All food handlers must:
 - A. Wear off-street clothing (e.g. aprons, smocks, etc.)
 - B. Not smoke.
 - C. Have appropriate hair covering.
 - D. Wash hands frequently.
 - E. Show evidence of maintaining clean and sanitary operation.
3. Water Supply:
Safe water test report is required. Municipal water receipt or bottled water with receipt may be substituted as acceptable.
 - A. Cleaning utensils/equipment. Where utensils/equipment are used, the following requirements must be followed:
 - 1) **At least five (5) gallons of water** must be available daily for use in a cleanable container.
 - 2) Water must be stored in covered containers.
 - 3) A means of heating water must be available.
 - 4) A separate area away from food handling must be used for cleaning utensils and equipment.
 - B. Hand Washing.
 - 1) Soap, basin, disposable towels, and **at least five (5) gallons of potable water** must be available daily (in addition to the five gallons required for cleaning utensils; therefore, total of ten (10) gallons are required daily).
 - 2) During food **preparation**, the food must be kept away from the traffic of the general public. Once prepared, food must be covered.
 - 3) All food products must be kept off the ground and in a clean and sanitary condition.
4. Permits.
All permits and additionally required licenses must be displayed in a prominent area at all times. If permit is not on display, a new permit will be issued with NO REFUND.
5. Structural Requirements of Stand.
 - A. Roof, sidewalls, and counter fronts must be covered.
 - B. Dirt floors must be covered (e.g. tarp, wood).
 - C. Skirting must be attached to front counter (vertical cover from counter to ground).
 - D. All food operations where food is **prepared** are required to be screened to prevent entrance of insects. This means all areas where food and food contact surfaces of equipment are exposed to dust, insects, drippage, etc., must be effectively enclosed and/or screened. Only those extremely high heat areas (e.g. grills, smokers, pizza ovens, fryers) may be exempt if food is not prepared or held in cooking area.
6. Use of insecticides is prohibited as a means of discouraging insects near foods.

Testimony to Reading:

I hereby state that I have read these rules and agree to abide by them.

Signature of Applicant

Date

(Clerk 4/06)

Wisconsin Temporary Event Operator and Seller Information

Information on this form is required under sec. 73.03(38), Wis. Stats.

Instructions on reverse side.

**E
V
E
N
T

O
P
E
R
A
T
O
R**

PART A: Event Information: To be completed by the operator of the temporary event

1. Name of Temporary Event St. Martin's Fair
2. Date(s) of Temporary Event First Monday of each month
3. Location of Temporary Event (e.g., Venue, City) St Martins Rd/Forest Home Ave Franklin

PART B: Operator Information: To be completed by the operator of the temporary event

1. Name and Address City of Franklin
9229 W. Loomis Road, Franklin, WI 53132
2. Daytime Telephone Number (414) 425-7500
3. E-mail Address _____
4. Wisconsin Tax Account Number _____
If blank, check appropriate box:
☐ No Taxable Sales ☐ Exempt under Occasional Sales Rule ☐ Exempt Nonprofit Organization
☒ Other - Explain: Municipal Corporation

**S
E
L
L
E
R**

PART C: Seller Information: To be completed by seller and given to event operator on or before the first day of event.

THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT - SEE INSTRUCTIONS

1. Legal Name _____
2. Business Name _____
3. Address (Street or Route) _____
4. City, State and Zip Code _____
5. Home Telephone Number () _____
Business Telephone Number () _____
6. Wisconsin Tax Account Number _____
7. Social Security Number X X X - X X - _____
8. Federal Identification Number (FEIN) X X - X X X _____
9. Check one box indicating the type of activity you intend to engage in at this event:
☐ Selling Taxable Merchandise or Service ☐ Display Only
☐ Selling Exempt Merchandise or Service ☐ Exempt under Occasional Sales Rule
☐ Direct Sellers, Company Name _____ ☐ Nonprofit Organization

I declare that the information on this form is true and correct to the best of my knowledge and belief and that I am authorized to sign this form.

Print Name: _____

Signature: _____

Date: _____

Information about temporary events, including forms, instructions and FAQ's can be found on the Department of Revenue's website at www.revenue.wi.gov/html/temevent.html. If you have additional questions, please contact the Department of Revenue by e-mail at tempevtprg@revenue.wi.gov or telephone at (920) 832-2910. See reverse side for submission instructions.